

**Gallia County Local School District
Field Trip Permission**

What:

When:

Leaving:

Cost:

Food:

Other:

Parent/Guardian Signature _____ **Date** _____

My child has permission to attend this field trip and I have filled out the emergency information requested at the bottom of this page. For your child's safety, all information requested below must be provided in order for your child to attend.

This form must be returned to the school office by _____

Medical & Emergency Care Information

Teacher _____

Student Name _____ Date of Birth _____

Address _____

Parent/Guardian Name _____

Parent/Guardian can be reached on field trip day at the following phone # _____

Insurance and # _____ Student's Doctor _____

Check all that apply:

Allergic to:

Needs to receive the following medication while on the field trip

Name of medication: _____ Time to be given _____

Check one: parent will provide medication from home

teacher should obtain this medication from the school nurse

You have my permission to assist/supervise my child in taking the medications listed above. I understand that a chaperone, teacher or other responsible adult delegated by the school nurse may carry my child's medication. In the event of an emergency or serious illness, I request that you contact me. You have my permission to obtain any emergency care necessary to ensure my child's wellbeing while on the field trip.

Parent/Guardian Signature

Date